

St. Johns County School District

Exceptional Student Education • 40 Orange Street, Augustine, FL 32084 • (904) 547-7672

REQUEST FOR STUDENT USE OF A SERVICE ANIMAL

Student's Name: _____ Date of birth: _____
 LAST FIRST MIDDLE

School: _____ Teacher: _____ Grade: _____

Dear Parent or Guardian:

Please complete the following information and submit to the principal at your child's school. You will be contacted upon receipt of this form to schedule a meeting with the principal to review your request to allow your child to bring a service animal to school. This meeting will be held as quickly as can be arranged, with an effort to do so within 10 school days of receipt of the request.

NOTE: Your child may not bring a service animal to school until it has been approved by the principal.

Student's Disability: _____

Type of service animal: _____

Work or tasks that the service animal has been trained to perform: _____

Please indicate which of the following documents regarding the service animal that you are providing with this request. Lack of this documentation, with the exception of any vaccinations required by law, will not serve as a basis to deny the request.

- Copy of current dog license
- Certificate of current rabies and other vaccinations, and certification of good health from a licensed veterinarian
- Evidence that the student can maintain appropriate care and control of the service animal while it is on school property
- District clearance for any person other than the student, who is proposed to care for this service animal at school
- Other: _____